B22A (Official Form 22A) (Chapter 7) (12/08)

In re Morgan, Nancy	According to the information required to be entered on this statement
Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:(If known)	☐ The presumption arises. ☑ The presumption does not arise. ☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries
1C	below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed; OR b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed;
	두 살이 그 사람들은 사람들이 살아보고 살아보고 있다.

AM IO: 12

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION						
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.						
		Unmarried. Complete only Column A ("Debtor"					
2	pe ar	Married, not filing jointly, with declaration of sep- enalty of perjury: "My spouse and I are legally sep- e living apart other than for the purpose of evadin omplete only Column A ("Debtor's Income") for	rupto	ev law or my sr	ouse and I		
	c. 🔲 1	Married, not filing jointly, without the declaration	of separate households set out in	Line	2.b above. Co	npiete both	
		olumn A ("Debtor's Income") and Column B (Married, filing jointly. Complete both Column A			2 /45mansals Tr		
	Li	ines 3-11.			o (Spouse s ti	iconie) ioi	
		sures must reflect average monthly income receive		3	Column A	Column B	
	month	calendar months prior to filing the bankruptcy ca before the filing. If the amount of monthly incon livide the six-month total by six, and enter the rest	ne varied during the six months, y	ou	Debtor's Income	Spouse's Income	
3		wages, salary, tips, bouuses, overtime, commis			s 0	\$	
Income from the operation of a business, profession or farm. Subtract Line b from and enter the difference in the appropriate column(s) of Line 4. If you operate more the business, profession or farm, enter aggregate numbers and provide details on an attack. Do not enter a number less than zero. Do not include any part of the business expendenced on Line base deduction in Part V.							
4	a.	Gross receipts	\$ 0				
	b.	Ordinary and necessary business expenses	\$ 0				
	c.	Business income	Subtract Line b from Line a		s o	\$	
	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.						
5	a.	Gross receipts	\$ ₇₅₀				
	b.	Ordinary and necessary operating expenses	\$ 630				
	c,	Rent and other real property income	Subtract Line b from Line a		\$ 120	\$	
6	Intere	st, dividends and royalties.			s o	\$	
7	Pensio	n and retirement income.				\$	
8	expens purpo	mounts paid by another person or entity, on a resest of the debtor or the debtor's dependents, in se. Do not include alimony or separate maintenant pouse if Column B is completed.		s 0	\$		
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					-	
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ Spouse \$					\$	

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10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.	ı				
	a. \$ 0					
	b. \$ 0			'		
	Total and enter on Line 10	S 0	, s	I		
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 120	T			
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add					
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.					
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: MICHIGAN b. Enter debtor's household size: 3					
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	The amount on Line 13 is more than the amount on Line 14. Complete the remaining p	arts of this state	ement	ia .		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	P	art IV. CALCULATION OF CURR	ENT MONTHLY INCOME F	OR § 707(b)(2	2)	
16	Enter	the amount from Line 12.			s	
17	Line 1 debtor payme depend	al adjustment. If you checked the box at Line 1, Column B that was NOT paid on a regular be's dependents. Specify in the lines below the bent of the spouse's tax liability or the spouse's edents) and the amount of income devoted to ear tate page. If you did not check box at Line 2.c	vasis for the household expenses of the asis for excluding the Column B incor support of persons other than the debte ch purpose. If necessary, list addition.	e debtor or the me (such as or or the debtor's		
	a.		\$			
	b.		\$]		
	c.		\$	1		
	Total and enter on Line 17.					
18	Curre	ent monthly income for § 707(b)(2). Subtract	Line 17 from Line 16 and enter the re	sult.	\$	
		Part V. CALCULATION O	F DEDUCTIONS FROM INC	OME		
		Subpart A: Deductions under Stand	ards of the Internal Revenue	Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS					

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19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.					rs			
	Ho	usehold members under 65 years	of age	Hous	ehold mem	bers 65 years of age	or older		
	a1.	Allowance per member		a2.	Allowance	per member			
	bl.	Number of members		b2.	Number of	f members			
	c1.	Subtotal		c2.	Subtotal				s
20A	Utili	al Standards: housing and utilitie ties Standards; non-mortgage expe ailable at <u>www.usdoj.gov/ust/</u> or fi	nses for the app	licable	county and	household size. (Th	RS Housing an		s
	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards: mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b th total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.					- 1			
20B	a.	IRS Housing and Utilities Standards; mortgage/rental expense \$							
	b.	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42							
	c.	Net mortgage/rental expense				Subtract Line b fro	m Line a.		\$
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							\$	
	an ex	l Standards: transportation; veh pense allowance in this category r dless of whether you use public tra	egardless of who	public ether y	transporta ou pay the e	tion expense. You a xpenses of operating	re entitled to a vehicle and		
22A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.								
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						\$		
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an						·		

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	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more.						
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.						
	a.	IRS Transportation Standards, Ownership Costs	\$				
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	s				
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	s			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.						
24	a.	IRS Transportation Standards, Ownership Costs	\$				
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$				
<u> </u>	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	s			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.						
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.						
27	life or for any other form of insurance.						
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.						
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.						
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on						
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.						
32	actually such as	Necessary Expenses: telecommunication services. Enter the total pay for telecommunication services other than your basic home telegagers, call waiting, caller id, special long distance, or internet servalth and welfare or that of your dependents. Do not include any ar	lephone and cell phone service— vice—to the extent necessary for	s			
33	3 Total Expenses Allowed under IRS Standards, Enter the total of Lines 19 through 32						

B22A (Official Form 22A) (Chapter 7) (12/08) Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. Health Insurance \$ 34 Disability Insurance \$ c. Health Savings Account \$ Total and enter on Line 34 If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: 2 Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services 36 Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. S Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. \$ Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. S Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. \$ Continued charitable contributions. Enter the amount that you will continue to contribute in the form of 40 cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). S 41 Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40 \$

			Subpart C: Deductions for	Debt Payment		
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					he
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.	Bank of America	214 Dickens Dr	\$ 430	☐ yes 🔽 no	
	b.	Valley First CU	2000 Saturn	\$ 213	☐ yes 🔽 no	
	c.			S	□ yes □ no	
				Total: Add Lines a, b and c.		s
	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					भ
43		Name of Creditor	Property Securing the Debt	1/60th of the	Cure Amount	
	a.	Bank of America	214 Dickens Dr	\$	4.83	
	b.	<u> </u>		\$		
	C.			S		
				Total: Add Lin	nes a, b and c	s
44	as prio	ority tax, child suppo	priority claims. Enter the total amount ort and alimony claims, for which you w rrent obligations, such as those set ou	vere liable at the tim	all priority claims, suc e of your bankruptcy	ch S
	Chapt follow expens	ing chart, multiply t	we expenses. If you are eligible to file a the amount in line a by the amount in line.	case under chapter ne b, and enter the r	13, complete the esulting administrative	e
	a.	Projected average	monthly chapter 13 plan payment.	s		
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	c.	Average monthly	administrative expense of chapter 13 ca	9	otal: Multiply Lines and b	s
46	Total	Deductions for Det	ot Payment. Enter the total of Lines 42	through 45.		s
	<u> </u>		Subpart D: Total Deduction			
47	Total	of all deductions al	lowed under § 707(b)(2). Enter the tot	al of Lines 33, 41, a	nd 46.	s

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION								
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))		\$					
49	49 Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))							
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 a	nd enter the result	\$					
51	enter the result.							
	Initial presumption determination. Check the applicable box and proceed as directed.							
	The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of proof this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.							
52	☐ The amount set forth on Line 51 is more than \$10,950. Check the box for "page 1 of this statement, and complete the verification in Part VIII. You may the remainder of Part VI.	The presumption arises" at t also complete Part VII. Do	he top of not complete					
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. Com through 55).	plete the remainder of Part	VI (Lines 53					
53	Enter the amount of your total non-priority unsecured debt		s					
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	r 0.25 and enter the result.	s					
	Secondary presumption determination. Check the applicable box and proceed							
	The amount on Line 51 is less than the amount on Line 54. Check the box the top of page 1 of this statement, and complete the verification in Part VIII.	for "The presumption does r	ot arise" at					
55	The amount on Line 51 is equal to or greater than the amount on Line 54.		cumption					
	arises" at the top of page 1 of this statement, and complete the verification in VII.	Part VIII. You may also co	mplete Part					
	Part VII: ADDITIONAL EXPENSE CLA	IMS						
	Other Expenses. List and describe any monthly expenses, not otherwise stated in and welfare of you and your family and that you contend should be an additional income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separaverage monthly expense for each item. Total the expenses.	deduction from your current	monthly					
56	Expense Description	Monthly Amount	¬					
	a.	\$]					
	b. c.	\$	-					
	Total: Add Lines a, b and c	S	_					
Part VIII: VERIFICATION								
	I declare under penalty of perjury that the information provided in this statement i both debtors must sign.)	s true and correct. (If this is	a joint case,					
57	Date:	(Debtor)	7					
	Date: Signature:							